

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 4

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 437.332

7. FEDERAL BUDGET IMPACT:

a. FFY 1999 \$ 0
b. FFY 2000 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Assurances to Attachment 4.19-B, pages 1 and 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Assurances to Attachment 4.19-B
page 1 (MS-98-37) and
page 2 (MS-97-40)

10. SUBJECT OF AMENDMENT:

Assurances that Iowa's aggregate expenditures for drug reimbursement do not exceed the
federal limits

11. GOVERNOR'S REVIEW (Check One):

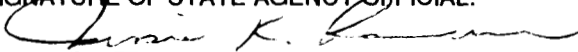
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

January 26, 2001

16. RETURN TO:

Director
Department of Human Services
Hoover State Office Building
Des Moines, IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

01/29/01

18. DATE APPROVED:

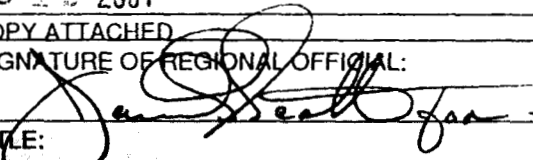
FEB 12 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT 1 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

cc:
Rasmussen
Headlee
CO

SPA CONTROL

Date Submitted 01/26/01

Date Received 01/29/01

Prescribed Drugs

The following assurance applies to reimbursement for prescribed drugs in federal fiscal years 1999 and 2000, as required by 42 CFR 447.333.

Multiple Source Drugs Identified in 42 CFR 447.332

In all instances the Iowa Department of Human Services adopted for multiple-source drugs specified in 42 CFR 447.332 the upper limits of payment for those drugs. The Department finds that aggregate expenditures for these drugs in the Iowa Medicaid Program do not exceed the specified limit.

State Plan TN No. MS-01-4Superseded TN No. MS-98-37

Effective

Approved

OCT 1 2000FEB 12 2001

Prescribed Drugs

The following assurance applies to reimbursement for prescribed drugs in federal fiscal years 2001 through 2003, as required by 42 CFR 447.333.

Other Drugs

For all other drugs not specified in 42 CFR 447.332, payment is based on the lower of the average wholesale price less 10 percent plus a dispensing fee or the provider's usual and customary charge to the general public. The Department finds that aggregate expenditures for these drugs in the Iowa Medicaid Program do not exceed the specified limit.

The weighted average maximum dispensing fee is currently \$5.17.

State Plan TN No. MS-01-4
Superseded TN No. MS-97-40

Effective
Approved

007 1 2000
FEB 13 2001